

JOHNSON & ASSOCIATES
 INTELLECTUAL PROPERTY ATTORNEYS
 P.O. Box 90698
 AUSTIN, TEXAS 78709-0698
 TEL (512) 301-9900
 FAX (512) 301-9915
www.eepatents.net bruce@eepatents.net

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Group 2816 Attn: Examiner LE, DINH THANH	Bruce A. Johnson
COMPANY:	DATE:
USPTO	10/23/03
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
703-746-3942	13
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
703-305-3790	75622.P0016
RE:	YOUR REFERENCE NUMBER:
09/686,072	

NOTES/COMMENTS:

FAX RECEIVED

Re: U.S. Patent Application for:
"METHOD AND APPARATUS FOR REDUCING INTERFERENCE"
 Applicant: Welland et al.
 Serial. No.: 09/686,072
 Filed: 10/11/2000
 Atty. Docket.: 75622.P0016

TECHNOLOGY CENTER 2200

Attached are the following:

1. PTO/SB/21 Transmittal (1 page)
2. Preliminary Amendment (11 pages)

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PATENT TRADEMARK OFFICE

PTO/SB/21 (12-97)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/686,072
		Filing Date	10/11/2000
		First Named Inventor	Welland, David R.
		Group Art Unit	2816
		Examiner Name	LE, DINH THANH
Total Number of Pages In This Submission	13	Attorney Docket Number	75622.P0016

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request of Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): - fax cover sheet
<input type="checkbox"/> Remarks		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Johnson & Associates Bruce A. Johnson
Signature	
Date	October 23, 2003

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Bruc A. Johnson	Date	October 23, 2003
Signature			

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